

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 539390

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	1		1				
4	3		1				
5	3		1				
6	3		1				
7	3		1				
8	①		1				
9	1		1				
10	1		1				
11	①		1				
12	①		1				
13	①		1				
14	①		1				
15	①		1				
16	①		1				
17	①		1				
18	①		1				
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48							
49							
50							
TOTAL IND.	2	↓	2	↓		↓	
TOTAL DEP.	24	↔	14	↔		↔	
TOTAL CLAIMS	26		18				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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97							
98							
99							
100							
TOTAL IND.						↓	
TOTAL DEP.						↔	
TOTAL CLAIMS							